

SECTION 1	1. Applicant name:				7. Fleet Mailing Address:				12. IRP Account Number:			13. Fleet Number:			
	2. Fleet Street Address:			3. County:	8. County:		9. City:			14. Applicant US DOT Number:		15. IFTA License Number:			
	4. City:		5. State:	6. Zip Code:		10. State:		11. Zip Code:			16. Taxpayer ID Number:		17. New Account: Yes <input type="checkbox"/> No <input type="checkbox"/>		
SECTION 2	In Section 2, place an X in the column to the right of the jurisdictions where proportional registration is sought.									18. Fleet Contact Person:					
	Jurisdiction	X	Mileage	Jurisdiction	X	Mileage	Jurisdiction	X	Mileage	19. Fleet Contact Telephone Number: ()					
	AB Alberta		50	AK Alaska		110	AL Alabama		1,014	20. Carrier Type (check all that apply): <input type="checkbox"/> Private Carrier <input type="checkbox"/> "For Hire" Carrier (Common Carrier) <input type="checkbox"/> Exempt Commodity Carrier <input type="checkbox"/> Household Goods Carrier					
	AR Arkansas		1,053	AZ Arizona		2,048	BC British Col.		50						
	CA California		3,142	CO Colorado		585	CT Connecticut		274	21. Please designate the appropriate year for the Mileage Reporting Period of July 1, _____ through June 30, _____. 22. If your Estimated Miles differ than those shown in Section 2, please attach a Schedule G. Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete, and correct, and I am providing proof of financial responsibility prior to affixing my signature hereto.					
	DC Wash. D. C.		10	DE Delaware		77	FL Florida		1,294						
	GA Georgia		1,915	IA Iowa		726	ID Idaho		365	Signature of Owner or Responsible Officer _____ Title _____ Date _____ Name of your insurance company licensed in Indiana (not the agency or group) _____ Policy Number _____ Insurance Company Phone Number _____ Address of Insurance Company _____					
	IL Illinois		4,134	KS Kansas		537	KY Kentucky		3,078						
	LA Louisiana		642	MA Massachusetts		285	MB Manitoba		100						
	MD Maryland		553	ME Maine		70	MI Michigan		2,726						
	MN Minnesota		338	MO Missouri		2,105	MS Mississippi		582						
	MT Montana		343	MX Mexico		70	NB New Bruns.		100						
	NC N. Carolina		1,253	ND N. Dakota		119	NE Nebraska		730						
	NE Newfoundland		180	NH N. Hampshire		37	NJ New Jersey		566						
	NM New Mexico		1,577	NS Nova Scotia		100	NT Northwest T.		140						
	NV Nevada		492	NY New York		892	OH Ohio		4,992						
	OK Oklahoma		1,543	ON Ontario		200	OR Oregon		874						
	PA Pennsylvania		2,579	PE Prince Ed. Is.		100	PQ Quebec		100						
	RI Rhode Island		40	SC S. Carolina		848	SD S. Dakota		118						
	SK Saskatchewan		20	TN Tennessee		2,113	TX Texas		4,050						
	UT Utah		519	VA Virginia		1,226	For Official Use Only								
	VT Vermont		27	WA Washington		523	IN Indiana Miles			14152					
	WI Wisconsin		778	WV West Virginia		654	NR Miles								
	WY Wyoming		712	YT Yukon Terr.		100	Total Fleet Miles								

Schedule BN Instructions

SECTION 1

Line 1: Enter the Applicant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Applicant in the same name as registered with the Indiana Secretary of State or the Indiana Department of Revenue. If the name as registered with the Indiana Secretary of State or the Indiana Department of Revenue differs from the title or title application name, a Lease Agreement or title change is required.)

Line 2 through 6: Enter the **FLEET** Street Address if different than the Indiana Business Street Address on the Schedule A.

Lines 7 through 11: Enter the Fleet Mailing Address if different than the Applicant Mailing Address on the Schedule A. Each **FLEET** may have an independent mailing address where credentials or other correspondence regarding this **FLEET** is received from the IRP Unit.

Line 12: Enter the Indiana IRP Account Number.

Line 13: Enter the Fleet Number, if applicable.

Line 14: Enter the US DOT Number of the Registrant/Applicant. All IRP Registrants/Applicants are required to obtain a US DOT Number. The US DOT Number should be in the name in which the Registrant/Applicant is registered with the Indiana Secretary of State or the Indiana Department of Revenue.

Line 15: Enter the International Fuel Tax License Number. The Registrant/Applicant is responsible for providing proof of IFTA responsibility whether through the Registrant/Applicant having an IFTA License or through a Lease Agreement.

Line 16: Enter the Taxpayer Identification Number of the Registrant/Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

Line 17: Enter an X in the appropriate box for determining if a New Account.

Line 18: Enter the name of the person who is responsible for conducting the **FLEET'S** business with the IRP Unit. If the Contact Person is not a listed Responsible Officer of the business entity, then a Power of Attorney with the signature of a Responsible Officer and Contact Person Designee is required.

Line 19: Enter the telephone number of the **FLEET** Contact Person.

Line 20: Enter the Type of Carrier. Please indicate all the Carrier Types that apply to this.

SECTION 2

Place an X in the column to the right of the jurisdictions where proportional registration is sought.

The Estimated Miles for each jurisdiction are based upon the total Actual Miles traveled by proportionally registered vehicles in the jurisdiction, during the previous Mileage Reporting Period. To use other Estimated Miles, see Section 3, Line: 22.

SECTION 3

Line 21: Enter the year for the Mileage Reporting Period the miles are being reported.

Line 22: Submit a Schedule G with a detailed "Plan of Operation".

The Schedule B must be signed, in INK, by the responsible person. Please include the job title and date.

Print or type the full name of your insurance company licensed in Indiana (not the agency or the group). Enter your policy number, and all the additional information requested.

Effective January 1, 1983, Indiana law requires every Motor Vehicle registered in the State of Indiana to have proof of Financial Responsibility.

Proof of Financial Responsibility includes one of the following:

1. Motor vehicle's insurance policy
2. Self insurance (certificate from BMV required)
3. Indiana Motor Carrier Authority Number (IMCA) (PSCI)
4. \$40,000 in securities or cash deposited with the Treasurer of Indiana

NOTE: If qualified under 2 or 3, place your IMCA number or certificate of self-insurance number in the policy number area on the front of this form.

If qualified under 4, place the word "BOND" in the insurance company name area on the front of this form.

Falsification of this information will subject you to a jail term of up to two (2) years, a fine of up to \$10,000 and suspension of your driver's license for a period of up to one year.